

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 49

For Official Use Only

Statement covers period

from 01/01/2010

through 03/17/2010

Date of election if applicable:
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

UPDATE SCHEDULE G

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1323385

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ABEL MALDONADO FOR LT. GOVERNOR 2010

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SANTA MARIA</u>	<u>CA</u>	<u>93458</u>	<u>() -</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	

OPTIONAL: FAX/E-MAIL ADDRESS
415-732-7701

Treasurer(s)

NAME OF TREASURER
JAMES R. SUTTON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	<u>415-732-7700</u>

NAME OF ASSISTANT TREASURER, IF ANY
JESSE A. MAINARDI

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>SAN FRANCISCO</u>	<u>CA</u>	<u>94108</u>	<u>415-732-7700</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/07/2010 By JESSE A. MAINARDI
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/07/2010 By ABEL MALDONADO
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ABEL MALDONADO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lieutenant Governor
Statewide

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

SANTA MARIA CA 93458

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

ABEL MALDONADO FOR SENATE

I.D. NUMBER

1272517

NAME OF TREASURER

ABEL MALDONADO

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SANTA MARIA CA 93454 415-732-7700

COMMITTEE NAME

ABEL MALDONADO OFFICEHOLDER ACCOUNT

I.D. NUMBER

1314343

NAME OF TREASURER

CHRISTOPHER RAYMER

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
SANTA MARIA CA 93458

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME TAXPAYERS FOR MALDONADO	I.D. NUMBER 1277315
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NAME OF TREASURER ABEL MALDONADO	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY SANTA MARIA	STATE CA	ZIP CODE 93454	AREA CODE/PHONE 415-732-7700
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COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2010 through 03/17/2010	CALIFORNIA FORM 460 Page 4 of 49 I.D. NUMBER 1323385
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$173,999.00	\$173,999.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$173,999.00	\$173,999.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$173,999.00	\$173,999.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$102,623.25	\$102,623.25
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$102,623.25	\$102,623.25
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$545,270.99	\$545,270.99
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$647,894.24	\$647,894.24

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$173,999.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$102,623.25	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$71,375.75	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$545,270.99

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 01/01/2010 through 03/17/2010		CALIFORNIA FORM 460 Page 5 of 49
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/19/2010	MICHAEL FOX SR. SAN JOSE, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M. E. FOX & CO. INC. EXECUTIVE	\$6,500.00	\$6,500.00	2010P: \$6,500.00
2/1/2010	CALIFORNIA PROFESSIONAL FIREFIGHTERS POLITICAL ACTION COMMITTEE SACRAMENTO, CA 95833 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$11,900.00	\$11,900.00	2010P: \$11,900.00
2/1/2010	BROOKS FIRESTONE SOLVANG, CA 93463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$5,000.00	\$5,000.00	2010P: \$5,000.00
2/1/2010	BOBBI HUNTER SANTA YNEZ, CA 93460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VAQUERO ENERGY OWNER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
2/1/2010	KEN HUNTER SANTA YNEZ, CA 93460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VAQUERO ENERGY OWNER & PRESIDENT	\$6,500.00	\$6,500.00	2010P: \$6,500.00
SUBTOTAL						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$173,750.00
2. Amount received this period - unitemized contributions of less than \$100	\$249.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$173,999.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u>		CALIFORNIA FORM 460 Page <u>6</u> of <u>49</u>
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/1/2010	SANTA YNEZ BAND OF MISSION INDIANS SANTA YNEZ, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
2/1/2010	DENNIS SHEPARD SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHEPARD EYE CENTER EYE SURGEON	\$1,000.00	\$1,000.00	2010P: \$1,000.00
2/4/2010	DAIRY INSTITUTE LEGISLATIVE COMMITTEE SACRAMENTO, CA 95814 Committee ID: 741436	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/4/2010	PALMER JACKSON SANTA BARBARA, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ALISAL PROPERTIES BUSINESS EXECUTIVE	\$4,000.00	\$4,000.00	2010P: \$4,000.00
2/4/2010	R.C. FARMS, LLC SALINAS, CA 93908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
SUBTOTAL						

*Contributor Codes
 IND - Individual
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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>03/17/2010</u>		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/4/2010	JACK WHEATLEY PALO ALTO, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME PROPERTY OWNER	\$2,000.00	\$2,000.00	2010P: \$2,000.00
2/4/2010	DONALD WINN HOLLISTER, CA 95024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WINN & CO. INSURANCE BROKERS PRESIDENT	\$1,000.00	\$1,000.00	2010P: \$1,000.00
2/5/2010	KENNETH BRIGGS LOS OSOS, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$100.00	\$100.00	2010P: \$100.00
2/8/2010	FIREMAN'S FUND INSURANCE COMPANY NOVATO, CA 94998	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2010P: \$2,000.00
2/8/2010	RIVER PARK PROBERTIES II / EDWARD M. KASHIAN / FANCHER CREEK PROPERTIES LLC / LANCE-KASHIAN & CO. FRESNO, CA 93720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2010 through 03/17/2010		CALIFORNIA FORM 460 Page 8 of 49
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/8/2010	RIVER PARK PROBERTIES II / EDWARD M. KASHIAN / FANCHER CREEK PROPERTIES LLC / LANCE-KASHIAN & CO. FRESNO, CA 93720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
2/9/2010	WILLIAM BRADY SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDIO MANAGEMENT HEDGE FUND MANAGER	\$250.00	\$250.00	2010P: \$250.00
2/9/2010	BETTY MORRISSEY SAN LUIS OBISPO, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$2,000.00	\$2,000.00	2010P: \$2,000.00
2/10/2010	ARTHUR BARRIENTOS SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCEAN MIST FARMS VICE PRESIDENT, HARVESTING	\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/10/2010	TROY BOUTONNET CASTROVILLE, CA 95012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOUTONNET FARMS, INC. FARMER	\$2,500.00	\$2,500.00	2010P: \$2,500.00
SUBTOTAL						

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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>03/17/2010</u>		
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2010	ROB BRYN SAN LUIS OBISPO, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COUNTY OF SAN LUIS OBISPO COUNTY SHERIFF'S PUBLIC INFO OFFICER	\$100.00	\$100.00	2010P: \$100.00
2/10/2010	CATHERINE CROCKETT SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCEAN MIST FARMS EXECUTIVE ASSISTANT	\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/10/2010	MARY JANE GONZALEZ-HUSS SALINAS, CA 93906	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME PSYCHOLOGIST	\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/10/2010	ROSA MATA BOUTONNET SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/10/2010	JOSEPH PEZZINI SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCEAN MIST FARMS CHIEF OPERATING OFFICER	\$2,500.00	\$2,500.00	2010P: \$2,500.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	03/17/2010	Page 10 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010	I.D. Number 1323385
---	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2010	PHILIP TALUBAN HOLLISTER, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCEAN MIST FARMS CHEIF FINANCIAL OFFICER	\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/10/2010	HUGO TOTTINO CASTROVILLE, CA 95012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OCEAN MIST FARMS CO-OWNER	\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/12/2010	TERRY BENGARD SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
2/12/2010	JAMES BRUNO MONTEREY, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MONTEREY PENINSULA ENGINEERING CONTRACTOR	\$2,000.00	\$2,000.00	2010P: \$2,000.00
2/12/2010	CATHY TOTTINO CASTROVILLE, CA 95012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$2,500.00	\$2,500.00	2010P: \$2,500.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>03/17/2010</u>		
		Page <u>11</u> of <u>49</u>
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/15/2010	ARTHUR C. CARMICHAEL, JR. LOS ALTOS, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CBIZ INSURANCE BROKER	\$200.00	\$200.00	2010P: \$200.00
2/17/2010	DRISCOLL STRAWBERRY ASSOCIATES, INC. WATSONVILLE, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
2/17/2010	NELSON, FRANCES; D D BOHANNON ORG.; BOHANNON DEV. CO. SAN MATEO, CA 94403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,500.00	\$6,500.00	2010P: \$6,500.00
2/18/2010	MARY BLANCHARD SANTA CRUZ, CA 95062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$100.00	\$100.00	2010P: \$100.00
2/19/2010	THE COIN & TREASURE SHOPPE, INC. MONTEREY, CA 93940	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u>		CALIFORNIA FORM 460
Page <u>12</u> of <u>49</u>		
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2010	MONTEREY FISH COMPANY, INC. SALINAS, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	2010P: \$300.00
2/24/2010	LYDIA BEEBE SAN FRANCISCO, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHEVRON CORPORATION EXECUTIVE	\$1,000.00	\$1,000.00	2010P: \$1,000.00
2/24/2010	WILLIAM F. LOCKE-PADDON APTOS, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME ATTORNEY	\$250.00	\$250.00	2010P: \$250.00
2/25/2010	ERNEST BONTADELLI WATSONVILLE, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$500.00	\$500.00	2010P: \$500.00
3/1/2010	JANIS CHERRY BELVEDERE, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WORDS TO WIN BY PRESIDENT	\$100.00	\$100.00	2010P: \$100.00
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u>		CALIFORNIA FORM 460 Page <u>13</u> of <u>49</u>
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/1/2010	MARGARET DUFLOCK SAN ARDO, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN BERNARDO RANCHO MANAGING PARTNER	\$2,500.00	\$2,500.00	2010P: \$2,500.00
3/1/2010	INTERNATIONAL POLY BAG & PACKAGING INC. VISTA, CA 92081	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/1/2010	SAMUEL BURG D.D.S. SANTA MARIA, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME DENTIST	\$500.00	\$500.00	2010P: \$500.00
3/3/2010	CLINT MILLER FARMS, INC. WATSONVILLE, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/3/2010	GPC PALLETS, INC. SANTA MARIA, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2010P: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>03/17/2010</u>		
		Page <u>14</u> of <u>49</u>
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/3/2010	SUSAN MERRILL SALINAS, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE NOT EMPLOYED	\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/4/2010	INNOVATIVE PRODUCE, INC. SANTA MARIA, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/4/2010	SANFORD LUBIN ARROYO GRANDE, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	THE CREDIT BUREAU OF SANTA MARIA, INC. CHAIRMAN/CEO	\$100.00	\$100.00	2010P: \$100.00
3/10/2010	MARY ORRADRE SAN ARDO, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ORRADRE RANCH RANCHER	\$2,000.00	\$2,000.00	2010P: \$2,000.00
3/12/2010	JAY BROWN BRADLEY, CA 93426	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROWN EQUITIES, LLC RANCH OWNER	\$2,500.00	\$2,500.00	2010P: \$2,500.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2010	
through	03/17/2010	Page 15 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. Number
1323385

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2010	CALIFORNIA ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE SAN FRANCISCO, CA 94109 Committee ID: 1258616	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/12/2010	JEAN CARMICHAEL LOS ALTOS, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$250.00	\$250.00	2010P: \$250.00
3/12/2010	BEN LENAIL PALO ALTO, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE NOT EMPLOYED	\$150.00	\$150.00	2010P: \$150.00
3/12/2010	MANN PACKING COMPANY SALINAS, CA 93902	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2010P: \$2,500.00
3/16/2010	GEORGANNE FERINI PISMO BEACH, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BETTERAVIA FARMS GROWER	\$2,000.00	\$2,000.00	2010P: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2010</u>		CALIFORNIA FORM 460
through <u>03/17/2010</u>		
		Page <u>16</u> of <u>49</u>
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. Number 1323385

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/16/2010	PATRICIA HUME SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FROSCH TRAVEL TRAVEL CONSULTANT	\$3,200.00	\$3,200.00	2010P: \$3,200.00
3/16/2010	WILLIAM J. HUME SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BASIC AMERICAN, INC. CHIEF EXECUTIVE OFFICER	\$6,500.00	\$6,500.00	2010P: \$6,500.00
3/16/2010	ALEX MERUELO DOWNEY, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MERUELO ENTERPRISES, INC. PRESIDENT/CEO	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
3/16/2010	ALEX MERUELO DOWNEY, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MERUELO ENTERPRISES, INC. PRESIDENT/CEO	\$6,500.00	\$13,000.00	2010P: \$6,500.00 2010G: \$6,500.00
3/16/2010	LISET MERUELO DOWNEY, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$6,500.00	\$12,000.00	2010P: \$6,500.00 2010G: \$5,500.00
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2010 through 03/17/2010		CALIFORNIA FORM 460 Page 17 of 49
I.D. Number 1323385		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/16/2010	LISET MERUELO DOWNEY, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE HOMEMAKER	\$5,500.00	\$12,000.00	2010P: \$6,500.00 2010G: \$5,500.00
3/17/2010	LUIS ARMONA DOWNEY, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MERUELO ENTERPRISES, INC. CO-FOUNDER	\$6,500.00	\$10,000.00	2010P: \$6,500.00 2010G: \$3,500.00
3/17/2010	LUIS ARMONA DOWNEY, CA 90241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MERUELO ENTERPRISES, INC. CO-FOUNDER	\$3,500.00	\$10,000.00	2010P: \$6,500.00 2010G: \$3,500.00
3/17/2010	CALIFORNIA RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE SACRAMENTO, CA 95814 Committee ID: 890231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2010P: \$1,000.00
3/17/2010	ROWLAND REBELE APTOS, CA 95003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE RETIRED	\$250.00	\$250.00	2010P: \$250.00
SUBTOTAL				\$173,750.00		

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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u>	CALIFORNIA FORM 460
	Page <u>19</u> of <u>49</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 01/01/2010

through 03/17/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2010 through 03/17/2010	CALIFORNIA FORM 460 Page 22 of 49 I.D. NUMBER 1323385
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAPITAL CAMPAIGNS TARZANA, CA 91356	CNS			\$7,500.00
REPUBLICAN VOTER CHECKLIST TORRANCE, CA 90501	LIT			\$5,000.00
Committee ID: 598002 CONTINUING THE REPUBLICAN REVOLUTION NEWPORT BEACH, CA 92660	LIT			\$10,000.00
Committee ID: 598041				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$102,517.27
2. Unitemized payments made this period of under \$100.	\$105.98
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$102,623.25

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 03/17/2010		Page 23 of 49
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAPITAL CAMPAIGNS TARZANA, CA 91356	CNS			\$10,000.00
CALIFORNIA SECRETARY OF STATE SACRAMENTO, CA 95814	FIL			\$2,609.80
CAPITAL CAMPAIGNS TARZANA, CA 91356	CNS			\$2,500.00
REPUBLICAN WOMAN'S VOICE LAGUNA NIGUEL, CA 92677	LIT			\$5,000.00
Committee ID: 1293667 COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$7.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 03/17/2010		Page 24 of 49
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T DALLAS, TX 75202	OFC			\$83.13
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$11.25
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$487.50
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO			\$1,432.63
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	TRS			\$32.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 03/17/2010		Page 25 of 49
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC		SEE SCHEDULE G	\$6,072.40
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	TRS			\$42.00
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC		SEE SCHEDULE G	\$837.27
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762			REIMBURSED EXPENSES	\$223.50
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762			REIMBURSED EXPENSES	\$434.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS			\$4,500.00
CALIFORNIA PUBLIC SAFETY VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT			\$2,000.00
Committee ID: 1298740 COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC			\$2,025.00
SMALL BUSINESS ACTION COMMITTEE NEWSLETTER LAGUNA NIGUEL, CA 92677	LIT			\$5,000.00
Committee ID: 1322823 CALIFORNIA SECRETARY OF STATE SACRAMENTO, CA 95814	FIL			\$6,250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2010		
through 03/17/2010		Page 27 of 49
NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010		I.D. NUMBER 1323385

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAPITAL CAMPAIGNS TARZANA, CA 91356	CNS		\$5,000.00
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT		\$25,000.00
Committee ID: 595004 AT&T DALLAS, TX 75202	OFC		\$352.64
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC		\$26.25
COMPLETECAMPAIGNS.COM WASHINGTON, DC 20003	OFC		\$90.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$102,517.27

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
PUBLIC OPINION STRATEGIES, LLC REDONDO BEACH, CA 90277	POL	\$0.00	\$10,500.00	\$0.00	\$10,500.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	REIMBURSED EXPENSES	\$0.00	\$84.50	\$0.00	\$84.50
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$0.00	\$4,500.00	\$0.00	\$4,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$545,270.99
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$545,270.99
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2010
through 03/17/2010

**CALIFORNIA
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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REPUBLICAN VOTER CHECKLIST TORRANCE, CA 90501	LIT	\$0.00	\$17,500.00	\$0.00	\$17,500.00
Committee ID: 598002 OFFICIAL NON-PARTISAN VOTER GUIDE OF CALIFORNIA SACRAMENTO, CA 95814	LIT	\$0.00	\$5,250.00	\$0.00	\$5,250.00
Committee ID: 1277947 REPUBLICAN WOMAN'S VOICE LAGUNA NIGUEL, CA 92677	LIT	\$0.00	\$20,000.00	\$0.00	\$20,000.00
Committee ID: 1293667 SMALL BUSINESS ACTION COMMITTEE NEWSLETTER LAGUNA NIGUEL, CA 92677	LIT	\$0.00	\$20,000.00	\$0.00	\$20,000.00
Committee ID: 1322823					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2010
through 03/17/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	CNS	\$0.00	\$4,500.00	\$0.00	\$4,500.00
NYGREN & COMPANY, INC. EL DORADO HILLS, CA 95762	LIT	\$0.00	\$1,861.50	\$0.00	\$1,861.50
CALIFORNIA TAXPAYERS ALLIANCE NEWSLETTER SANTA ANA, CA 92705	LIT	\$0.00	\$40,000.00	\$0.00	\$40,000.00
Committee ID: 1306487 COPS VOTER GUIDE FOLSOM, CA 95630	LIT	\$0.00	\$40,000.00	\$0.00	\$40,000.00
Committee ID: 599014					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2010
through 03/17/2010

**CALIFORNIA
FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
MAINSTREAM GOP CONSULTING C/O BRANDON GESICKI CARMEL, CA 93923	REIMBURSED EXPENSES	\$0.00	\$1,199.40	\$0.00	\$1,199.40
BROOKE ARMOUR SACRAMENTO, CA 95834	TRS	\$0.00	\$732.70	\$0.00	\$732.70
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$0.00	\$5,885.33	\$0.00	\$5,885.33
THE MONACO GROUP TUSTIN, CA 92780	CMP	\$0.00	\$3,730.00	\$0.00	\$3,730.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM 460

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC SEE SCHEDULE G	\$0.00	\$4,637.67	\$0.00	\$4,637.67
CAPITAL CAMPAIGNS TARZANA, CA 91356	CNS	\$0.00	\$12,500.00	\$0.00	\$12,500.00
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSE; SEE SCHEDULE G	\$0.00	\$4,012.97	\$0.00	\$4,012.97
CITIZENS FOR GOOD GOVERNMENT COVINA, CA 91722	LIT	\$0.00	\$50,000.00	\$0.00	\$50,000.00
Committee ID: 599010					

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM 460

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
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NON-PARTISAN CANDIDATE EVALUATION COUNCIL, INC. IRVINE, CA 92604	LIT	\$0.00	\$25,000.00	\$0.00	\$25,000.00
Committee ID: 588002 CALIFORNIA BORDER SECURITY NEWSLETTER GARDEN GROVE, CA 92841	LIT	\$0.00	\$18,750.00	\$0.00	\$18,750.00
Committee ID: 1306866 CA FAMILY VOICE NEWSLETTER, A PROJECT OF POLICY ISSUES INSTITUTE GARDEN GROVE, CA 92841	LIT	\$0.00	\$12,500.00	\$0.00	\$12,500.00
Committee ID: 1310975 ASIAN AMERICAN VOTER GUIDE GARDEN GROVE, CA 92841	LIT	\$0.00	\$6,250.00	\$0.00	\$6,250.00
Committee ID: 1282374					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
from 01/01/2010
through 03/17/2010

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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VIETNAMESE-AMERICAN VOTER GUIDE GARDEN GROVE, CA 92841	LIT	\$0.00	\$2,000.00	\$0.00	\$2,000.00
Committee ID: 1288629					
CONTINUING THE REPUBLICAN REVOLUTION NEWPORT BEACH, CA 92660	LIT	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Committee ID: 598041					
CALIFORNIA VOTER GUIDE TORRANCE, CA 90501	LIT	\$0.00	\$175,000.00	\$0.00	\$175,000.00
Committee ID: 595004					
CALIFORNIA PUBLIC SAFETY VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$0.00	\$8,000.00	\$0.00	\$8,000.00
Committee ID: 1298740					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 01/01/2010
through 03/17/2010

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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LOS ANGELES COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE PALOS VERDES PENINSU, CA 90274	LIT	\$0.00	\$8,000.00	\$0.00	\$8,000.00
Committee ID: 1305336					
SAN DIEGO COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LA JOLLA, CA 92037	LIT	\$0.00	\$9,500.00	\$0.00	\$9,500.00
Committee ID: 1287037					
INLAND EMPIRE REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$0.00	\$9,500.00	\$0.00	\$9,500.00
Committee ID: 1293670					
VENTURA COUNTY REPUBLICAN LEADERSHIP VOTER GUIDE LAGUNA NIGUEL, CA 92677	LIT	\$0.00	\$3,000.00	\$0.00	\$3,000.00
Committee ID: 1290652					

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
from 01/01/2010
through 03/17/2010

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FORM 460**

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

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- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
PETER NEWMAN PEBBLE BEACH, CA 93953	REIMBURSED EXPENSES	\$0.00	\$1,119.63	\$0.00	\$1,119.63
AMERICAN EXPRESS ANAHEIM, CA 92801	OFC SEE SCHEDULE G	\$0.00	\$4,791.35	\$0.00	\$4,791.35
SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO	\$0.00	\$4,965.94	\$0.00	\$4,965.94
SUBTOTALS		\$0.00	\$545,270.99	\$0.00	\$545,270.99

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T DALLAS, TX 75202	OFC			\$356.49
AVIS RENT-A-CAR BURBANK, CA 91505	TRC		RENTAL CAR, TRAVEL ON 1/25/10-1/26/10 TO LOS ANGELES, 2 PEOPLE INCLUDING CANDIDATE, FOR FUNDRAISING	\$191.86
CENTRAL COAST AVIATION SERV. INC. SALINAS, CA 93905	TRC		AIRPLANE FUEL, TRAVEL ON 1/16/10 TO SANTA MARIA, 2 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR MEETINGS AND MEDIA APPEARANCES	\$925.47
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRC		AIRPLANE FUEL, TRAVEL ON 2/9/10 TO SACRAMENTO, INCLUDED CANDIDATE, FOR WORK/LEGISLATIVE SESSION	\$319.83

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1793.65

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CORPORATE AIRCRAFT FRESNO, CA 93726	TRC		AIRPLANE FUEL, TRAVEL ON 1/11/10-1/12/10 FROM FRESNO TO SACRAMENTO, 2 PEOPLE INCLUDING CANDIDATE, FOR MEDIA APPEARANCES	\$719.62
ESQUIRE GRILL SACRAMENTO, CA 95814	TRC		MEAL ON 2/9/10, 4 PEOPLE INCLUDING CANDIDATE, FOR FUNDRAISING	\$161.48
FOUR POINTS BY SHERATON CULVER CITY, CA 90230	TRC		HOTEL, TRAVEL ON 1/11/10-1/12/10 TO LOS ANGELES, 3 PEOPLE INCLUDING CANDIDATE, FOR MEDIA APPEARANCES	\$276.68
FOUR POINTS BY SHERATON SACRAMENTO INTERNATIONAL AIRPORT SACRAMENTO, CA 95834	TRC		HOTEL, TRAVEL ON 1/13/10-1/14/10 FROM FRESNO TO SACRAMENTO, CANDIDATE ONLY, FOR FUNDRAISING AND MEETINGS	\$190.53

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1348.31

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KRU SACRAMENTO, CA 95816	TRC		MEAL ON 1/13/10, 2 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$119.51
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS		AIRPLANE TICKET, TRAVEL ON 1/25/10-1/26/10 TO LOS ANGELES, 1 PERSON, FOR FUNDRAISING	\$367.30
SOUTHWEST AIRLINES DALLAS, TX 75235	TRC		AIRPLANE TICKETS, TRAVEL ON 1/11/10-1/12/10 TO LOS ANGELES, 3 PEOPLE INCLUDING CANDIDATE, FOR MEDIA APPEARANCES	\$535.80
SPATARO RESTAURANT AND BAR SACRAMENTO, CA 95814	TRC		MEAL ON 2/8/10, 2 PEOPLE INCLUDING CANDIDATE, FOR CAMPAIGN MEETING	\$104.72

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1127.33

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE FIREHOUSE RESTAURANT SACRAMENTO, CA 95814	TRC		MEAL ON 2/3/10, 4 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR MEETING	\$160.52
THE FIREHOUSE RESTAURANT SACRAMENTO, CA 95814	TRC		MEAL ON 2/3/10, 4 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR MEETING	\$247.95
THE FIREHOUSE RESTAURANT SACRAMENTO, CA 95814	TRC		MEAL ON 2/3/10, 13 PEOPLE INCLUDING CANDIDATE, SPOUSE, AND CAMPAIGN MANAGER, FOR MEETING	\$721.83
CENTRAL COAST AVIATION SERV. INC. SALINAS, CA 93905	TRS		AIRPLANE FUEL, TRAVEL ON 2/23/10 TO SACRAMENTO AND LA, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION AND MEDIA APPEARANCES	\$321.90

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TOTAL* \$1452.20

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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ABEL MALDONADO FOR LT. GOVERNOR 2010

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AMERICAN EXPRESS

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRS		AIRPLANE FUEL, TRAVEL ON 2/26/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION AND FUNDRAISING	\$444.22
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRS		AIRPLANE FUEL, TRAVEL ON 2/28/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION AND FUNDRAISING	\$277.64
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRS		AIRPLANE FUEL, TRAVEL ON 3/6/10 FROM SANTA MARIA TO LOS ANGELES, CANDIDATE ONLY, FOR MEDIA APPEARANCES	\$375.97
CENTRAL COAST JET CENTER SANTA MARIA, CA 93455	TRS		AIRPLANE FUEL, TRAVEL ON 3/8/10 FROM SANTA MARIA TO LOS ANGELES, CANDIDATE ONLY, FOR MEDIA APPEARANCES	\$279.18

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1377.01

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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AMERICAN EXPRESS

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ELLA DINING ROOM & BAR SACRAMENTO, CA 95814	TRS		MEAL ON 2/9/10, 8 PEOPLE INCLUDING CANDIDATE AND SPOUSE, FOR MEETING WITH CAMPAIGN STAFF	\$500.33
ESQUIRE GRILL SACRAMENTO, CA 95814	TRS		MEAL ON 2/24/10, 2 PEOPLE INCLUDING CANDIDATE, FOR MEETING WITH CAMPAIGN STAFF	\$152.64
FOUR POINTS BY SHERATON SACRAMENTO INTERNATIONAL AIRPORT SACRAMENTO, CA 95834	TRS		HOTEL, TRAVEL ON 2/25/10 TO SACRAMENTO, CANDIDATE ONLY, FOR WORK/LEGISLATIVE SESSION	\$285.99
HOTEL MONACO SAN FRANCISCO SAN FRANCISCO, CA 94102	TRS		HOTEL, TRAVEL ON 3/3/10 TO SAN FRANCISCO, CANDIDATE ONLY, FOR MEDIA APPEARANCE	\$195.31

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1134.27

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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through	03/17/2010	Page 43 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MASTRO'S STEAKHOUSE BEVERLY HILLS, CA 90210	TRS		MEAL ON 3/7/10, 2 PEOPLE INCLUDING CANDIDATE, FOR FUNDRAISING MEETING	\$537.22
RADISSON HOTEL SANTA MARIA SANTA MARIA, CA 93455	TRS		HOTEL, TRAVEL ON 2/23/10 TO SANTA MARIA, 1 STAFF ONLY, FOR WORK/LEGISLATIVE SESSION	\$120.41
RN74 SAN FRANCISCO, CA 94105	TRC		MEAL ON 3/2/10, 4 PEOPLE INCLUDING CANDIDATE AND CAMPAIGN MANAGER, FOR CAMPAIGN MEETING	\$181.46
RUTH'S CHRIS STEAK HOUSE SACRAMENTO, CA 95825	TRS		MEAL ON 2/27/10, 5 PEOPLE INCLUDING CANDIDATE, FOR FUNDRAISING MEETING	\$380.88

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1219.97

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE WESTIN BONAVENTURE HOTEL AND SUITES LOS ANGELES, CA 90071	TRS		HOTEL, TRAVEL ON 3/9/10 FROM SANTA MARIA TO LOS ANGELES, CANDIDATE ONLY, FOR MEDIA APPEARANCES	\$188.30
AT&T DALLAS, TX 75202	OFC			\$339.36
CHOPS STEAKS SEAFOOD & BAR SACRAMENTO, CA 95814	FND			\$2,685.64
ELLA DINING ROOM & BAR SACRAMENTO, CA 95814	TRC		MEAL ON 3/16/10, 8 PEOPLE INCLUDED CANDIDATE AND CAMPAIGN MANAGER, FOR FUNDRAISING MEETING	\$1,033.66

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4246.96

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

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NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICAN EXPRESS

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ENTERPRISE RENT-A-CAR PALO ALTO, CA 94306	TRC		RENTAL CAR, TRAVEL ON 3/12/10-3/15/10 TO PALO ALTO, CANDIDATE ONLY, FOR PARTY CONVENTION	\$149.47
FEDEX OFFICE PRINT & SHIP CENTER SANTA CLARA, CA 95050	OFC			\$340.52

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$489.99

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

NAME OF AGENT OR INDEPENDENT CONTRACTOR
PETER NEWMAN

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T DALLAS, TX 75202	OFC			\$514.06

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$514.06

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 01/01/2010

through 03/17/2010

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 01/01/2010

through 03/17/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ABEL MALDONADO FOR LT. GOVERNOR 2010

I.D. NUMBER
1323385

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:
ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 2205, SALINAS, CA 93902
